FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
05-28-2002 91748 039 ***150.00

DOCUMENT # P23914

1. Entity Name

MedifAx - EDI, Inc. ✓

672560

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1283 Murfreesboro Rd	PO Box 290037
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Nashville, TN	City & State: Nashville, TN
Zip: 37217 Country: Davidson	Zip: 37229 Country: Davidson

DO NOT WRITE IN THIS SPACE

4. FEI Number: 62-1249087 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. **Name and Address of Current Registered Agent**

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd

City: Plantation FL Zip Code: 33324

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEO P
NAME	David F. Bacon
STREET ADDRESS	1283 murfreesboro Rd
CITY-ST-ZIP	NASHVILLE, TN 37217
TITLE	CFO
NAME	R. Robert Horton
STREET ADDRESS	1283 Murfreesboro Rd
CITY-ST-ZIP	NASHVILLE, TN 37217
TITLE	D
NAME	Henry Thompson
STREET ADDRESS	75 14th St, 24th floor
CITY-ST-ZIP	Atlanta, GA 30309
TITLE	D
NAME	Charles Ogburn
STREET ADDRESS	75 14th St., 24th floor
CITY-ST-ZIP	Atlanta, GA 30309
TITLE	D
NAME	Edward Underwood
STREET ADDRESS	75 14th St, 24th floor
CITY-ST-ZIP	Atlanta, GA 30309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/16/02 (615) 565-2108
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #